

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE

Application must be typewritten or in a legible handwriting and accompanied with a resume of the speaker. If a resume has been previously submitted for the speaker, and has no changes that need to be made, please mark the box Resume Submitted. If a resume has never been submitted for the speaker, please mark the box Resume Included include a resume for the speaker.

Resume Submitted ☐ Resume Included ☐

FOR OFFICE USE ONLY

Provider Number _____

Number of CE Points granted:

Business (Category C) _____

Scientific (Category B) _____

Date Approved ____/____/____

Approved by: _____

Please complete the information below and return to the KENTUCKY BOARD OF DENTISTRY, 10101 Linn Station Rd, Ste 540, Louisville, KY 40223. Give a brief description of the continuing education program and attach it to the front of the detailed program description that must accompany this application.

PROGRAM TITLE: _____

PROVIDER: _____

NUMBER OF HOURS REQUESTED: _____ CATEGORY REQUESTED _____
(Excluding All Breaks)

SPEAKER: _____

BRIEF DESCRIPTION OF PROGRAM: _____

PROGRAM OBJECTIVES: _____

LOCATION OF PROGRAM: _____

DATE(S) OF PROGRAM: _____

TIME OF PROGRAM: _____

LIST ALL ORGANIZATIONS AND STATES THAT HAVE GIVEN APPROVAL FOR THIS PROGRAM: _____

Complete the information below for your contact person.

NAME: _____

ORGANIZATION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE: _____